



DEPARTMENT OF HEALTH
AND ENVIRONMENT

*Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary*

www.kdheks.gov

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
ENGINEERING SCHOLARSHIPS HANDBOOK

January 2007

CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 310, TOPEKA, KS 66612-1368

Voice 785-296-6423 Fax 785-296-1545

Engineering Scholarship Program

The Kansas Department of Health and Environment (KDHE) awards scholarships for undergraduate course work in Engineering to students who are interested in working for KDHE after graduation. Preference will be given to KDHE interns. The objective of the Scholarship Program is to help KDHE develop a technical and professional workforce that will take KDHE into the future.

Who can apply?

Scholarships are awarded by selection to college students who are Kansas residents and have completed two years of general education course work in engineering. Student must be classified as a junior or senior in the semester for which they are requesting a scholarship. Student must be enrolled in classes and accepted in an ABET accredited Engineering program.

Amount of the Scholarships

The scholarship amount is \$5,000.00 per academic year with equal payments of \$2,500.00 paid at the beginning of each semester upon receipt of required documentation.

Requirements for the Scholarship Program

Once accepted into the program, you must:

- Maintain a minimum of 12 credit hours per semester;
- Maintain a minimum semester or cumulative GPA of 2.5 on a 4.0 scale;
- Provide transcript at the end of each semester documenting a GPA of 2.5 or better;
- Provide Certification of Enrollment in Engineering program at the beginning of each semester;
- Graduate with a Baccalaureate degree in Engineering;
- Agree, upon graduation, to work one (1) year for the Kansas Department of Health and Environment (KDHE) per \$5,000.00 in scholarship money received;
- Be available to begin employment with KDHE within one month of graduation.

Selection

Applications are evaluated by a Department selection committee. Selection criteria for awarding scholarships are:

- Candidate's potential to contribute to the KDHE engineering program.
- Academic progress and achievements.
- Relevant experience.
- Preference will be given to KDHE interns based on job performance as an intern.

Important Note

You must repay the full amount of the scholarship money received if you:

- Do not graduate,
- Do not maintain a semester or cumulative 2.50 GPA,
- Do not maintain a minimum of 12 credit hours per semester,
- Drop out of school,
- Change major to a non-approved field of study, or
- Do not work at the KDHE for the required time.

No Vested Right to Employment Created

Participation in the Scholarship Program does not create any right to continued employment with KDHE. After graduation permanent employment with KDHE will be governed by the Kansas Civil Service Act. In the event the scholarship recipient fails to meet performance exceptions or exhibits conduct for which termination is permitted, Kansas Department of Health and Environment may discharge the recipient from employment pursuant to K.S.A. 75-2949 et seq.

Equal Opportunity

Qualified applicants are considered for all positions, and employees are treated equally during employment without regard to race, color, religion, sex, national origin, age, martial or veteran status, medical condition or handicap. As an equal opportunity/affirmative action employer we comply with government regulations and affirmative action responsibilities.

APPLICATION INSTRUCTIONS

Please follow instructions carefully. All information requested on the application and all required attachments maybe submitted at any time but must be received by August 1 of each year, or your application will not be considered.



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SCHOLARSHIP APPLICATION
Must be return by August 1, of each year

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCPTED.

1. Please indicate which semester(s) you are applying for scholarship:
Fall 20__ Spring 20__
2. _____
Student's Full Name (Last, First, MI)

Mailing Address

City State Zip Code

()
Area Code/Phone Number
3. Citizenship: U.S.____ Permanent Resident_____
4. Are you a Kansas resident? Yes____ No____
5. Parent(s)/Guardian Name:_____
6. Indicate name of high school and year graduated._____
7. Name of college/university and location that you plan to attend:

8. Declared Degree._____
9. Have you been formally accepted by the college/university you plan to attend?
Yes____ No____
10. Have you ever been convicted of a felony? Yes____ No____
11. Please attach:
Terms of Engineering Scholarship Program and the Certification of Enrollment Forms

Signature of Applicant Date

Terms of Engineering Scholarship Program

I acknowledge and agree the following are terms of the Engineering Scholarship Program:

- Recipients must be enrolled in an accredited four year Engineering program as a full-time student (minimum 12 credit hours).
- Must maintain a minimum semester or cumulative GPA of 2.5 on a 4.0 scale.
- Must be a Kansas resident and eligible to work in the United States on a permanent basis.
- Scholarships will be used for educational expenditures only.
- The scholarship recipient must agree to work full time for the KDHE upon graduation.
- One (1) year of continuous employment is required for each \$5,000.00 of scholarship money received.
- Summer/seasonal employment does not count toward the employment obligation that the recipient agrees to after graduation.
- Internship employment will be provided by KDHE based upon satisfactory progress in academic work and internship job performance.
- Any prior internship employment with KDHE does not count toward the employment obligation of one (1) year for \$5,000.00 of scholarship received.

I affirm that the facts set forth above in my application for a scholarship are true, correct and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this application form; that the Kansas Department of Health and Environment may verify any information provided by me in the scholarship process; and that incomplete information or omission of my signature is just cause for rejection of my application.

I understand failure to maintain the Engineering Scholarship Program terms and requirements will result in my termination from the Scholarship Program, and that I will be required to reimburse the Kansas Department of Health and Environment the scholarship money I received.

I also understand that any omission of information or false information provided in any part of the employment process would be sufficient cause for discharge and/or repayment of awarded scholarship funds to the Kansas Department of Health and Environment.



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I understand that my employment after graduation will be governed by K.S.A. 75-2925 et. seq.

Signature of Applicant

Date

Applicant Name (Printed)

"Before me, a notary public in the State of Kansas, on this day personally appeared _____, Known to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of this office _____ day of _____, 20__.

Notary Public in and for the State of Kansas

My commission expires:

Please include the following with your application

1. Cover letter and current Resume
2. Three (3) letters of recommendation (for KDHE interns, one from KDHE supervisor)
3. An official transcript from the College or University attending
4. Certification of Enrollment Form

Mail the above items to: Kansas Department of Health and Environment
Bureau of Air and Radiation
Attention: Linda Vandevord
1000 SW Jackson St., Ste. 310
Topeka, Kansas 66612-1366

**NOTICE: ALL INCOMPLETE APPLICATIONS WILL BE RETURNED AND NOT
CONSIDERED FOR AWARD OF A SCHOLARSHIP**



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Certification of Enrollment in an ABET Accredited Engineering Program

This notice will serve as certification that _____ is currently
(Name of Student)

enrolled in the Engineering Program at _____
(Name of School)

In the Fall 20__ Spring 20__ semester, this student will be entering his/her:

Junior Year _____ Senior Year _____

of credit hours enrolled in _____

(Student Signature)

(Date)

(Engineering Dept. Chairman's Signature)

(Date)

This form must be completed and returned with the Kansas Department of Health and Environment Scholarship Application to:

Kansas Department of Health and Environment
Bureau of Air and Radiation
Attention: Linda Vandevord
1000 SW Jackson St., Ste. 310
Topeka, Kansas 66612-1366
(785) 296-6423